



**State of Montana**  
**DEPARTMENT OF CORRECTIONS**  
**DRUG/ALCOHOL SCREENING INFORMATION**

Date \_\_\_\_\_

Offender Name \_\_\_\_\_ Offender ID# \_\_\_\_\_ Reporting Level \_\_\_\_\_

Requesting Officer Name/Title \_\_\_\_\_ Agency \_\_\_\_\_

Offender Status (Circle One) Conditional Release, Parole, Probation, ISP, Pre-Release, Treatment, Incarcerated

Offender Cell/Housing Assignment (if applicable) \_\_\_\_\_

**Sample Taker's Checklist**  
**Initial each action**

1. Direct vision maintained when sample was taken \_\_\_\_\_.
2. Offender placed lid & security tape on cup \_\_\_\_\_.
3. Offender initialed the tape \_\_\_\_\_.
4. Chain of evidence procedures followed \_\_\_\_\_.

Date and time of sample \_\_\_\_\_ AM / PM

Person taking sample (Print) \_\_\_\_\_  
 (Signature) \_\_\_\_\_

Is this an initial screening for entry into program/facility/community supervision? Y / N

Is this a random test? Y / N If "N," state the reason for testing below:  
 \_\_\_\_\_

Offender admitted drug use prior to test: Y / N Offender admitted after test? Y / N

Was the specimen in any way tampered or altered by the offender during the collection? Y / N

**Chain of Evidence**

1. Handling/Storage Date _____	Time _____	Signature _____
2. Handling/Storage Date _____	Time _____	Signature _____
3. Handling/Storage Date _____	Time _____	Signature _____
4. Handling/Storage Date _____	Time _____	Signature _____

**Urine Testing**

**NEG POS**

**NEG POS**

Marijuana (THC) -----{ }--{ } { }	Opiates (OPI) -----{ }--{ } { }	Sample Type: <u>Urine</u>
Cocaine (COC) -----{ }--{ } { }	Other -----{ }--{ } { }	Sample Destroyed { }
Methamphetamine (METH)---{ }--{ } { }	Other -----{ }--{ } { }	Sample saved 30 days { }
Benzodiazepines (BZO) -----{ }--{ } { }	Drugs/Medication Prescribed: _____	

Urinalysis Tester(s): 1. \_\_\_\_\_ 2. \_\_\_\_\_

Comments: \_\_\_\_\_

I, (Offender Name) \_\_\_\_\_, Offender ID#: \_\_\_\_\_,  
 Understand that the statement(s) below may be used against me in a revocation of my probation, parole, conditional release or any disciplinary action.  
 I admit to using \_\_\_\_\_ Offenders Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Breath Testing**

{ } Negative { } Positive \_\_\_\_\_ BAC Random test? Y N, if "N" what was the reason for testing? \_\_\_\_\_

Offender admitted to alcohol use prior to testing? Y / N Offender admitted after test? Y / N

**Initial Response (Circle):** Formal Write-up - Disciplinary Hearing - Documented in chronos - Intervention Hearing -

Jail Sanction - Disciplinary Report - Treatment (ordered/increased) - Increase Reporting - On-Site Hearing -

Pre-Hearing Confinement - Relapse/Wait list Group

**Final Disposition (Circle):** Detention Time -- Dropped -- Re-Classified -- Reduced to a Minor --

Other: \_\_\_\_\_ (Referred to: Treatment, ISP sanction, ESP, Treatment groups, or Jail Time)